MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03238

(942)

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Chestertown Md

County: Kent

City or town: Chestertown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Water St.

Stay in hospital or inst. (yrs., or mos., or days): None

Stay in this community (yrs., or mos., or days): 13 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural, give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Horatio Wright Beck

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Nannie Hines Beck Deceased

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Sept 11 1865

8. AGE: Years	Months	Days	If less than one day
74	5	27	____ hrs. ____ min.

9. Birthplace (town, county, and state): Kent County Maryland

10. Usual occupation: Utility Manager

11. Industry or business: Public Utilities

FATHER — 12. Name: Samuel Beck

FATHER — 13. Birthplace: Kent County Md

MOTHER — 14. Maiden name: Ellen Constable

MOTHER — 15. Birthplace: Kent County Md

16. Informant: Katherine Beck Jones

Address: Chestertown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 11 1940 (month) (day) (year)

Cemetery or crematory: Saint Paul Cemetery

Location: near Chestertown, Md

18. Funeral director: Ralph H. Austin Inc. By [illegible]

Address: Chestertown, Md

19. March 11, 1940 (Date rec'd by registrar) Alice C. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 8.1940

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 4.1940 to March 8.1940 and that I last saw him alive on March 8.1940

Immediate cause of death	Coronary Thrombosis	DURATION
Due to	Arterio Sclerosis	Several yrs.
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: none Injured at work?

23. SIGNATURE: Frank Hines M.D.

M. D. or other

Address: Chestertown Md Date signed: 3.8.40

RECEIVED
APR 2 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

03239

Reg. Dist. No. 201

1. PLACE OF DEATH:

County Kent

City or town Betterton Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Betterton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Walter Spry Brice

3. (b) Social Security Number —

4. Sex: Male

5. Color or race: White

6. (a) ~~Single~~, married, ~~widowed, or divorced~~: Married.

8 (b) Name of husband or wife: Mary Ewa

6(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.): Nov 17 1873

8. AGE: Years 66 | Months 3 | Days 12 | If less than one day — hrs. — min.

9. Birthplace: Kent Co Maryland. (Town, county, and state)

10. Usual occupation: Hotel Proprietor

11. Industry or business: Hotel.

FATHER

12. Name: James T Brice

13. Birthplace: Maryland

MOTHER

14. Maiden name: Susan Williams

15. Birthplace: Caroline County

16. Informant: Mrs Mary Brice

Address: Betterton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 5, 1940 (month) (day) (year)

Cemetery or crematory: Still Pond

Location: Still Pond

18. Funeral director: B R Fellows

Address: Still Pond Md

19. March 4 1940 (Date rec'd by registrar) J. W. Clark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 1 1940, at 915 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 24 1940, to Mar 1 1940, and that I last saw him alive on Feb 29 1940.

Immediate cause of death: Myocarditis from Day with Acute Dilatation

DURATION

Due to: Coronary Thrombosis

Due to: Angina Pectoris

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: None Injured at work?

23. SIGNATURE: Frank H Mex MD M. D. or other

Address: Chestertown Md Date signed Mar 6/40

RECEIVED
APR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03240

(92-B)

Reg. Dist. No. 200

1. PLACE OF DEATH:

County Kent, Golt md

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Galta Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Brown

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: colored

6. (a) ~~Single, married, widowed, or divorced~~: widow

6 (b) Name of husband or wife: Perry Brown

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): April 9th .78

8. AGE: Years 62 (61) Months ~~April~~ (9) Days (18) If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Domestic or Housewife

11. Industry or business

FATHER

12. Name: James Warner

13. Birthplace: Maryland

MOTHER

14. Maiden name: Marsh (Southmoor)

15. Birthplace: Maryland

18. Informant: Rebecca Brisbe

Address: Golt md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 30, 1940 (month) (day) (year)

Cemetery or crematory: Wesley Henry Cemetery

Location: Galta Md.

18. Funeral director: B. R. Fellows

Address: Millington Md.

19. 3/30 1940 (Date rec'd by registrar) Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27th 1940, at 2:30 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1st 1940, to March 26th 1940, and that I last saw her alive on March 26th 1940.

Immediate cause of death: Mitral Stenosis — DURATION: 1 mo

Due to: Arteriosclerosis — 5 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE G. L. Copland M. D. or other

Address Millington Date signed Mar 27th 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

03241

Reg. Dist. No. 200

1. PLACE OF DEATH:

County Kent

City or town Millington
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Millington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Bertha Dixon

3. (b) Social Security Number None

4. Sex F/1 Emal

5. Color or race whol

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6th 40

8. AGE: Years ✓ Months ✓ Days ✓ If less than one day hrs. min.

9. Birthplace Millington
(Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name William Dixon
13. Birthplace Del.

MOTHER
14. Maiden name Caddie ~~[illegible]~~ Seamans
15. Birthplace Maryland

16. Informant Wm. Dixon

Address Millington

17. Burial Date thereof Mar. 6-40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Millington.

18. Funeral director Wm. Dixon (Father)

Address Millington, Md.

19. 3/7/40 19 Mr. Price Deputy Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6th 1940, at 3:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 6th 1940, to Mar 6th 1940, and that I last saw her ~~alive~~ dead on March 6th 1940.

Immediate cause of death Stillborn

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. L. Copeland
M. D. or other

Address Millington Date signed Mar 7th 40

RECEIVED
APR 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03242

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (184)

County Kent — Registration Dist. No. 202

Village or City Chestertown — No. Kent and Queen Annes General Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 37 yrs. 3 mos. 10 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stephen Gladsky — Social Security No. 216-14-2589

If U.S. Veteran specify WAR

(a) Residence: No. Rock Hall St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5e. If married, widowed, or divorced — HUSBAND of ~~(or) WIFE of~~ Mary Gladsky

6. DATE OF BIRTH (month, day, and year) Dec. 4, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Filling station attendant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Apr. 1939

11. Total time (years) spent in this occupation 4 yrs.

12. BIRTHPLACE (city or town) Rock Hall

(State or country) Kent County, Md

FATHER

13. NAME William Gladsky

14. BIRTHPLACE (city or town)

(State or country) Poland ?

MOTHER

15. MAIDEN NAME Anna Janowaski ?

16. BIRTHPLACE (city or town) Rock Hall

(State or country) Md ?

17. INFORMANT Hospital records

(Address) Chestertown, Md

18. BURIAL, CREMATION, OR REMOVAL

Place St. John Cem. Rock Hall Date Mar. 19, 1940

19. UNDERTAKER Manning L. Williams

(Address) Centreville, Queen Anne's Co., Md.

20. FILED March 18, 1940 Alice R. Smith

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 17 (Month) (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1940 to March 17, 1940

I last saw him alive on March 16, 1940; death is said to have occurred on the date stated above, at 6:35 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Gunshot wound left chest wall	3-13-40
Pneumonia	3-16-40
Pulmonary embolus ?	3-17-40

Other Contributory Causes of importance:

Name of operation Repair chest wall Date of 3-13-40

Whet test confirmed diegnosis? Wes there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3-13, 1940

Where did injury occur? Near Rock Hall, Kent Co., Maryland (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Near home

Manner of injury Fell against gun

Nature of injury Gunshot wound of left chest wall

24. Wes disease or injury in eny way releted to occupetion of deceased? No

If so, specify

(Signed) A. C. Dick, M. D.

(Address) Chestertown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED APR 2 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03243

1. PLACE OF DEATH

County Kent Registration Dist. No. 202

Village or City Kent Queen Ann Hospital No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Still born Graham If U.S. Veteran specify WAR

(a) Residence: No. Near Chestertown St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) March. 22/40

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hospital
(State or country) Chestertown

FATHER

13. NAME Carl Graham

14. BIRTHPLACE (city or town) Seaford
(State or country) Delaware

MOTHER

15. MAIDEN NAME Dorothy V. Stafford

16. BIRTHPLACE (city or town) Preston
(State or country) Caroline Co Md

17. INFORMANT Carl Graham
(Address) Chestertown

18. BURIAL, CREMATION, OR REMOVAL Caroline Co. Md
Place Grove Cemetery Date Mar 22, 1940

19. UNDERTAKER F. M. Stafford
(Address) Denton Md

20. FILED Mar 22, 1940 Alice R. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 22 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1940, to ....., 19....

I last saw h..... alive on ....., 19.....; death is said to have occurred on the date stated above, at ..... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Still born 8 month	

Other Contributary Causes of Importance:

Hydro cephalus

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frank N. Smith M. D.

(Address) Chestertown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED APR 2 1940 BUREAU V.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03244

Reg. Dist. No. 202

1. PLACE OF DEATH:
County: KENT
City or town: CHESTERTOWN
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 410 CANNON St
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: — County: —
City or town: — Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Richard Hurley Groves Jr.

3. (b) Social Security Number: NONE

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
B (b) Name of husband or wife: —
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): June 13 1917

8. AGE: Years: 22 Months: 9 Days: 8 If less than one day: hrs. min.

9. Birthplace: Tankford, Kent Co Md.
(Town, county, and state)
10. Usual occupation: NONE
11. Industry or business:
FATHER
12. Name: Richard Groves Sr.
13. Birthplace: Delaware
MOTHER
14. Maiden name: Mary Hurley
15. Birthplace: Dorchester Co Md.
16. Informant: Mrs Mary Hurley Groves
Address: Cannon St Chestertown, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar 24 1940 (month) (day) (year)
Cemetery or crematory: Chester Cemetery
Location: Chestertown, Maryland
18. Funeral director: Ralph H. Aisitton Inc.
Address: Chestertown, Md by J.W.W.
19. March 23 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 22 1940, at 2 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to March 22 1940, and that I last saw him alive on March 21 1940.
Immediate cause of death: Pneumonia Lobar Rt. upper
Due to: Imbecile Force
Due to: Birth.
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: None

DURATION: 4 days

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? None (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Frank Hines M. D. ~~or other~~
Address: Chestertown Md Date signed: 3/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 2 1940
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83-a

03245

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent

City or town Lankford Chestertown R.F.D. #3
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 64 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Chestertown R.F.D. #3 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Lankford
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Charles Nelson Hague

3. (b) Social Security Number 241-15-1327

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	

6 (b) Name of husband or wife Missouri V. Hague

6(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) March 2 1876

8. AGE:

Years	Months	Days	If less than one day
64	0	13	____ hrs. ____ min.

9. Birthplace Kent Co. Maryland
(Town, county, and state)

10. Usual occupation State Road Employee

11. Industry or business State Road Comm.

FATHER
12. Name Perry W. Hague

13. Birthplace Kent Co. Maryland.

MOTHER
14. Maiden name Susan Franch

15. Birthplace Kent Co. Maryland.

16. Informant Mrs. Missouri V. Hague

Address Chestertown R.F.D #3

17. Buried Date thereof Mar. 18 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Paul

Location Near Chestertown

18. Funeral director Morris L. Williams

Address Chestertown Maryland.

19. March 18, 1940 Alice K. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1940, at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 13 1940 to March 15 1940, and that I last saw h- in alive on March 15 1940.

	DURATION
Immediate cause of death Apoplexy	
Due to Cerebral Hemorrhage	58 hours
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. B. Simmons M. D. or other

Address Chestertown Date signed March 16-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

03246

Reg. Dist. No. 202

1. PLACE OF DEATH
County Almshouse Hunt Co. Md.
City or town (Mas) Chestertown.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Almshouse.
Stay in hospital or inst. (yrs., or mos., or days) 14 years
Stay in this community (yrs., or mos., or days) All life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Hunt
City or town (Mas) Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Martha G. Jewell

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband or wife not known
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1861

8. AGE: Years 78 | Months 6 | Days 7 | If less than one day — hrs. — min.

9. Birthplace Kent County (Town, county, and state)
10. Usual occupation Seamstress
11. Industry or business Seamstress

FATHER
12. Name Charles Jewell
13. Birthplace Kent County

MOTHER
14. Maiden name Mary A. Pierce
15. Birthplace Kent County

16. Informant Mary Goodman - Sister
Address Chestertown, Md

17. Burial (Burial, ~~cremation~~, or ~~removal~~. Which?) Date thereof 3 (month) 18 (day) 40 (year)
Cemetery or ~~crematory~~ Wesley Chapel
Location Rock Hall

16. Funeral director Ralph H Wilton Inc
Address

19. March 18. 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 - 1940, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 12 1940, to March 16 1940, and that I last saw her alive on March 15 1940.

Immediate cause of death Bronchi - Pneumonia — DURATION 9 days
Due to
Due to
Other conditions Obs. Myocarditis & Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Merritt Brice M. D. or other
Address Millington Md Date signed 2/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21-a)

03247

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent

City or town Chestertown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or Institution: 311 College ave

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 35 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 311 College Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Oscar Johnson

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	Married

6 (b) Name of husband or wife Mary Johnson

6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Dec. 25 1884

8. AGE:

Years	Months	Days	If less than one day
55	2	8	____hrs. ____min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business Farm

FATHER
12. Name George Johnson
13. Birthplace Unknown

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Mrs Mary Johnson
Address 311 College Ave. Chestertown Md.

17. Burial Date thereof Mar. 5 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Kent Co. Alms House

Location Near Chestertown Kent Co.

18. Funeral director Marvin V. Williams
Address Chestertown Kent Co. Md.

19. Mar 5 1940 Alice R. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-4 1940, at 1000 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-1 1940, to 3-4 1940, and that I last saw him alive on 3-4-40 19____.

Immediate cause of death	DURATION
Meningo-encephalitis	4 weeks
Due to Alcoholism	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did Injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE R. Ruth W. Dorr M. D. or other

Address Chestertown, Md Date signed 3-5-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
APR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(927) 03248

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town Millington
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town Millington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Cypress
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Civil

3. (a) FULL NAME William H Jones.

3. (b) Social Security Number None.

4. Sex: Male

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Dianna

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Apr 17 1844

8. AGE: Years: 95 | Months: 10 | Days: 24 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: B Blacksmith

11. Industry or business: Retired

FATHER 12. Name: Unknown

FATHER 13. Birthplace: " "

MOTHER 14. Maiden name: Unknown

MOTHER 15. Birthplace: " "

16. Informant: Charles P. Jones,

Address: Millington Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 13-40 (month) (day) (year)

Cemetery or crematory: Millington

Location: Millington

18. Funeral director: B. R. Fellabaum

Address: Millington Md.

19. Mar. 13- 1940 (Date rec'd by registrar) Merritt Price Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 11 1940, at 7:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1st 1940, to Mar 11th 1940, and that I last saw him alive on April 11th 1940.

	DURATION
Immediate cause of death: Mitral Stenosis	
Due to	
Due to	
Other conditions: Hardening	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations	
Of autopsy	

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE G. L. Copeland M. D. or other

Address Millington Date signed Mar 12, 40

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03249

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 113 Prospect St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 4 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 113 Prospect
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Frank George Tinly

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	Col.	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 20. 1939

8. AGE:

Years	Months	Days	If less than one day
0	4	24	hrs. min.

9. Birthplace: Chestertown Kent Co. Md.
(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER
12. Name: Linwood Tinly
13. Birthplace: Magnus Kent Co. Md.

MOTHER
14. Maiden name: Inez Ruffin
15. Birthplace: Baltimore Maryland

16. Informant: Mrs Inez Tinly

Address: 113 Prospect St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 15, 1940 (month) (day) (year)

Cemetery or crematory: Magnus

Location: Magnus Near Chestertown

18. Funeral director: Marvin C. Williams

Address: Chestertown, Maryland.

19. March 15, 1940 (Date rec'd by registrar) Alice C. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 15 1940, at 3A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 7 1940 to March 15 1940, and that I last saw h— alive on March 14 1940.

Immediate cause of death: Lobar Pneumonia — DURATION: 8 days

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

20 operations:

20 autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Dr. Hon. Richmond
M. D. or other

Address: Chestertown Date signed 3/15/40

RECEIVED
APR 2 1910
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03250

1. PLACE OF DEATH (89-20)

County Kent Registration Dist. No. 201

Village or City Lynch No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hans Paul Naundorf

(a) Residence: No. Lynch St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Ward

6. DATE OF BIRTH (month, day, and year) July 11 - 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Jan 1 - 40

11. Total time (years) spent in this occupation 2½ yrs

12. BIRTHPLACE (city or town) Magdeburg (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) Germany.

17. INFORMANT Nettie Ward Naundorf (Address) Lynch Md.

18. BURIAL, CREMATION, OR REMOVAL Place Still Pond Md. Date Mar. 30, 1940

19. UNDERTAKER B R Fellows (Address) Still Pond Md.

20. FILED March 30, 1940 J. H. Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 28 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1940, to March 28, 1940

I last saw h-en alive on March 28, 1940; death is said to have occurred on the date stated above, at 3.10 A m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/27/40
Other **Contributory Causes** of importance:	
Hypertension	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank M. Smith M. D.

(Address) Chestertown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

03251

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH:

County: Kent

City or town: Rock Hall
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Piney Neck

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Kent

City or town: Rock Hall Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Piney Neck
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: John Thomas Pierce

3. (b) Social Security Number: —

4. Sex: Male

5. Color or race: Col.

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Mary Pierce

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 4 1855

8. AGE: Years: 84 Months: 9 Days: 20 If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland, Kent Co.
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business:

FATHER
12. Name: James Pierce
13. Birthplace: Maryland

MOTHER
14. Maiden name: not known
15. Birthplace: "

16. Informant: Ollie Scott
Address: Rock Hall

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 26 1940 (month) (day) (year)

Cemetery or crematory: Sharptown

Location: Near Rock Hall.

18. Funeral director: Jom. H. Good
Address: Church Hill Md.

19. March 28 1940 (Date rec'd by registrar) Mrs. T. B. Durding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 24 1940, at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 25 1939, to March 24 1940, and that I last saw him alive on 3/21 1940.

Immediate cause of death: Gangrene of both feet

Due to: arteriosclerosis

Due to:

Other conditions: —
—
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
—
Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: Albert E. Burgard M. D. ~~or other~~

Address: Rock Hall Date signed: 3/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

03252

CERTIFICATE OF DEATH

Reg. Dist. No. 200

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Kent
City or town Millington R.D. Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) 10 yrs
Stay in this community (yrs., or mos., or days) near Millington 44

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Millington R.D. Ward No. Md
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Alice Pratt

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife Samuel Pratt
6(c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) June 3. 1895

8. AGE: Years 64 | Months 8 | Days 8 | If less than one day ____hrs. ____min.

9. Birthplace Delaware
(Town, county, and state)
10. Usual occupation House work.
11. Industry or business Home
FATHER 12. Name Henry Watson
13. Birthplace Del
MOTHER 14. Maiden name Don't Know
15. Birthplace Don't Know
16. Informant Viola Bayne
Address Millington R.D. Md
17. Burial Date thereof March 15 40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Graves Chapel
Location Near Millington
18. Funeral director C R Pfeltz
Address Millington Md.
19. Mar. 15 1940 Meredith Price
(Date rec'd by registrar) Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1940, at 5:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 10 to March 11 1940, and that I last saw h[illegible] alive on March 9 1940

Immediate cause of death Dysentery
DURATION

Due to Mal Nutrition
Due to Senility

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [illegible] M. D. or other
Address Preston Md Date signed 3/16/40

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (937)

CERTIFICATE OF DEATH

03253

Reg. Dist. No. 204

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Kent
City or town Georgetown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Chestertown R.D. 2 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harriett Scott

3. (b) Social Security Number NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	Widowed

6 (b) Name of husband or wife David Scott deceased 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1842

8. AGE:

Years	Months	Days	If less than one day
97			hrs. min.

9. Birthplace Kent Co. Md. (Town, county, and state)
10. Usual occupation Retired Former Farmer
11. Industry or business Farm.

FATHER
12. Name George Jones
13. Birthplace Kent Co. Md

MOTHER
14. Malden name Nancy Dunbar
15. Birthplace Kent

16. Informant Minnie Brown
Address Chestertown

17. Burial Date thereof Mar 12 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Georgetown Cemetery
Location Chestertown R.F.D. #2
18. Funeral director Ralph H. Carlton Inc.
Address Chestertown, Md.

19. Mar 10 1940 Frank W. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1940, at 5:35 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1937 to Feb. 21 1940, and that I last saw h- -alive on Feb. 21 1940.

Immediate cause of death	DURATION
(a) Chronic Myocarditis	1939
Due to Endocarditis	1939
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank W. Smith M. D. or other
Address Chestertown Date signed Mar 9/40

RECEIVED
APR 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03254

1. PLACE OF DEATH (112-6)

County Kent — Registration Dist. No. 202

Village or City Chestertown, Md — No. Kent and Queen Anne's Gen Hosp. — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME George Landon Smith — If U.S. Veteran specify WAR ____

(a) Residence: No. Worton, Md. St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 14, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	4	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Child

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Worton
(State or country) Maryland

FATHER

13. NAME Harvey E. Smith

14. BIRTHPLACE (city or town) Kent County
(State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret E. Carter

16. BIRTHPLACE (city or town) ____
(State or country) Maryland

17. INFORMANT Hosp. records
(Address) Chestertown, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Chester Cem. Date Mar. 31, 1940

19. UNDERTAKER Marvin F. Williams
(Address) Chestertown Chestertown Md

20. FILED March 30, 1940 Alice C. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 29, 1940
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1940, to March 29, 1940

I last saw him alive on March 29, 1940; death is said to have occurred on the date stated above, at 12 10 P m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Operative shock	3-29-40
Intussusception	3-28-40

Other **Contributory Causes** of Importance:

Name of operation Resection Small of bowel Date of 3-29-40

What test confirmed diagnosis? Operation Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____
(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) A.B. Dick M. D.

(Address) Chestertown, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED APR 2 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03237

(108)

1. PLACE OF DEATH

County Kent Registration Dist. No. 200

Village or City Galena No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Beatrice Alberta Barlow If U. S. Veteran, specify WAR

(a) Residence: No. Galena, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Feb. 10, 1940

7. AGE Years Months 1 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) ~~Galena~~ Millington R.D.
(State or country) Q. A. Co. Md.

FATHER

13. NAME Jesse Barlow

14. BIRTHPLACE (city or town) Galena
(State or country) Md.

MOTHER

15. MAIDEN NAME Annie Morris

16. BIRTHPLACE (city or town) Galena
(State or country) Md.

17. INFORMANT Jesse Barlow
(Address) Galena Md.

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Oliver Hill Cem. Date April 3, 1940

19. UNDERTAKER H. W. Pippin
(Address) Elkton Md

20. FILED Apr 2, 1940. Merritt Price Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 30 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1940, to March 30, 1940 I last saw her alive on March 29, 1940; death is said to have occurred on the date stated above, at 8 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pneumonia lobar	
Both left lobes	Mar 28/40?

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. H. Cruse M. D.

(Address) Galena, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M) (T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be roturned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
JUN 5 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Letter from Dr. Whitsitt giving place of birth, also see birth cert. on file in Queen Anne Co. Feb 10, 1940. — 8/27/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03255

Reg. Dist. No. 200

1. PLACE OF DEATH

County Kent

City or town Millington Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cypress St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 7 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 303 Truitt St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Edward Waller

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Lettie M. Waller

6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) NOV. 13. 1848

8. AGE: Years 91 | Months 4 | Days 17 | If less than one day ____ hrs. ____ min.

9. Birthplace Laurel Del. Sussex

(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business Home Building

FATHER 12. Name Timothy Waller

13. Birthplace Laurel Del

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant Mrs. William Batchelor

Address Millington Md. Cypress St

17. Burial (Burial, cremation, or removal? Which?) Date thereof April 1. 1940 (month) (day) (year)

Cemetery or crematory Parsons Cem.

Location Salisbury Md.

18. Funeral director Holloway & Lee & Preston Kilmon

Address Salisbury Md.

19. 3/30 (Date rec'd by registrar) 1940 M. Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 29 1940, to March 30 1940, and that I last saw him alive on 3/29 1940.

	DURATION
Immediate cause of death: Angina Pectoris	Sudden
Due to: Arteriosclerosis	20 yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Merritt Price M. D. or other

Address Millington Md. Date signed 3/30/40

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(92-d)

03256

CERTIFICATE OF DEATH

Reg. Dist. No. 203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Kent
City or town: Rock Hall
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Kent
City or town: Rock Hall, Md., Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Mary Emily Warner

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem.	Wh.	Widowed

6 (b) Name of husband or wife: John J. Warner

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): March 12 1860

8. AGE: Years	Months	Days	If less than one day
80	—	6	____ hrs. ____ min.

9. Birthplace: Rock Hall, Kent, Md (Town, county, and state)

10. Usual occupation: Home work

11. Industry or business: —

FATHER
12. Name: James D. Ashley
13. Birthplace: Md

MOTHER
14. Maiden name: Lydia Amanda Stevens
15. Birthplace: Md.

16. Informant: daughter Mrs R. Rodney
Address: Rock Hall, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 21, 1940 (month) (day) (year)
Cemetery or crematory: Wesley Chapel
Location: Rock Hall

18. Funeral director: Francis L. Wallace
Address: Chestertown Maryland

19. March 19 1940 (Date rec'd by registrar) Mrs. T. B. Dawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 18 1940, at 7.40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 14 1940, to March 18 1940, and that I last saw h— alive on March 18 1940.

Immediate cause of death: Cerebral Hemorrhage
Paralysis
Due to: Arteriosclerosis
Hypertension
Due to: —
Other conditions: Chron Endo-Myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of: —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): —
Means of injury: — Injured at work? —

23. SIGNATURE: Albert G. Buzzard M. D. or other
Address: Rock Hall, Md Date signed: 3/18/40

RECEIVED
APR 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03257

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Almshouse Kent

City or town (Near) Chestertown, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 3 wks.

Stay in this community (yrs., or mos., or days) all life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Kent

City or town (Near) Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Enoch Wilson

3. (b) Social Security Number none

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife ✓

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) about 1865

8. AGE: Years 75 | Months | Days | If less than one day hrs. min.

9. Birthplace Kent Co. Md.
(Town, county, and state)

10. Usual occupation Farm Labour

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden name Unknown
15. Birthplace

16. Informant Wm. B. Sutton
Address Chestertown Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 3/30/40 (month) (day) (year)

Cemetery or crematory

Location Butlertown Cemetery, Kent Co.

18. Funeral director Supt. Bayard Sutton
Address Chestertown, Md.

19. March 30, 1940 (Date rec'd by registrar) Alice K. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1940, at 2 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 16 1940, to March 29 1940, and that I last saw him alive on 3/30 1940.

Immediate cause of death Mitral Stenosis — DURATION 2 days.

Due to Chr. Valvular heart disease — 10 years.

Due to Arteriosclerosis — 10 years

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Merritt Brice M. D. or other

Address Wellington, Md. Date signed 3/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

ECEIVED
MAY 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

03258

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:

County: Kent

City or town: Morgnec
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Near Chestertown

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 78 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Morgnec Near Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Millington R.F.D. #2
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Caroline Woodland

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: Col.

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 1, 1861

8. AGE: Years: 78 Months: 3 Days: 16 If less than one day ____ hrs. ____ min.

9. Birthplace: Kent Co. Md.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Home

FATHER
12. Name: Wilson Woodland.
13. Birthplace: Unknown.

MOTHER
14. Maiden name: Rebecca Grooms
15. Birthplace: Chestertown Kent Co. Md.

16. Informant: Alexander Woodland.
Address: Millington R.F.D. #2 Box.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 20, 1940 (month) (day) (year)

Cemetery or crematory: Morgnec

Location: Morgnec Near Chestertown

18. Funeral director: Marvin V. Williams

Address: Chestertown Maryland.

19. March 19 1940 (Date rec'd by registrar) J. W. Stack Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 17 1940, at 10:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 10 1939, to Mar 17 1940, and that I last saw her alive on Mar 17 1940.

Immediate cause of death: Hemiplegia

Primary cause: Cerebral hemorrhage. cause Duration: not stated.

Due to: Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: J. W. Stack M. D. or other

Address: Princeton Md Date signed: Mar 19 40

RECEIVED
APR 2 1948
BUREAU V. S.